

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 740145-269						
<b>CERTIFICATE OF MAILING OR TRANSMISSION</b> [37 CFR 1.8(a)]  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop AE, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at 471-273-3300, on April 21, 2006.	In re Application of Kenzo KAI							
Signature: _____  Name: <u>Annie A. Cave</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"> <b>Application Number</b> 10/644,860             </td> <td style="padding: 2px;"> <b>Filed</b> 08-21-2003             </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <b>For FOIL SEAL LAMP</b> </td> </tr> <tr> <td style="padding: 2px;"> <b>Group Art Unit</b> 2879             </td> <td style="padding: 2px;"> <b>Examiner</b> Christopher M. Raabe             </td> </tr> </table>		<b>Application Number</b> 10/644,860	<b>Filed</b> 08-21-2003	<b>For FOIL SEAL LAMP</b>		<b>Group Art Unit</b> 2879	<b>Examiner</b> Christopher M. Raabe
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This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)	\$

☐ Applicant claims small entity status.  
☐ A check to cover the fee is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  
☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2478(740145-269). I have enclosed a duplicate copy of this sheet.

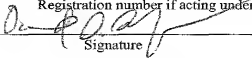
**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.  
☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

  
 Signature  
David S. Safran  
 Typed or printed name

April 21, 2006  
 Date  
703-584-3273  
 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.